

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		8-16-00
O.I.P.E. CLASSIFIER			6-21-00
FORMALITY REVIEW	MA	JCB4.0	09/20/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final 1	7/4/00
Original 1	7/28/00
2	7/29/00
3	7/30/00
4	7/31/00
5	8/1/00
6	8/2/00
7	8/3/00
8	8/4/00
9	8/5/00
10	8/6/00
11	8/7/00
12	8/8/00
13	8/9/00
14	8/10/00
15	8/11/00
16	8/12/00
17	8/13/00
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Claim	Date
Final 46	7/4/00
Original 47	7/28/00
48	7/29/00
49	7/30/00
50	7/31/00
51	8/1/00
52	8/2/00
53	8/3/00
54	8/4/00
55	8/5/00
56	8/6/00
57	8/7/00
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Claim	Date
Final 101	
Original 102	
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If more than 150 claims or 10 actions  
staple additional sheet here

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